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**HAWAII STATE ETHICS COMMISSION
DISCLOSURE OF FINANCIAL INTERESTS (FORM D-201)**

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| HAWAII STATE ETHICS COMMISSION 1001 Bishop Street, Pacific Tower Suite 970 P.O. Box 616 Honolulu, Hawaii 96809 Telephone: 587-0460 Fax: 587-0470 email: ethics@ethics.state.hi.us | | <div style="text-align: right; font-size: small;">Rev. 12/01</div> <div style="font-size: small;">For Office Use Only</div> DATE REC'D: 07/15/2003 FILE NO. 03-D-10058 Taxation | |
| IMPORTANT: Please read instructions carefully before filling out this form. | | | |
| FULL NAME (Last, First, Middle) Laderta, Marie Christine Loureiro | | SPOUSE'S FULL NAME (Last, First, Middle) Laderta, Paul P. | |
| DEPENDENT CHILDREN'S FULL NAMES (Last, First, Middle) None | | | |
| RESIDENCE ADDRESS [REDACTED] | | | |
| MAILING ADDRESS [REDACTED] | | | |
| BUSINESS TELEPHONE 587-1520 | | STATE DEPARTMENT/DIVISION OR BOARD/COMMISSION Department of Taxation | |
| RESIDENCE TELEPHONE [REDACTED] | | STATE POSITION HELD Deputy Director | |
| | | TERM OF OFFICE: Begin: 5/03 End: Present | |

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN.
USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

| F, SP, DC, JT | NAME AND ADDRESS OF SOURCE OF INCOME | AMOUNT | SERVICES RENDERED |
|---------------|--|--------|------------------------------------|
| F | Department of Taxation 830 Punchbowl Street, #221 Honolulu, HI 96813 | E | Deputy Director State of Hawaii |
| SP | Kaiser Permanente 3288 Moanalua Road Honolulu, HI 96819 | E | Physician |

[] Check here if entry is None

[] Check here if additional sheets are attached

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business incorporated, regulated, or licensed to carry on business in the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

| F,SP, DC,JT | BUSINESS NAME AND ADDRESS | NATURE OF BUSINESS | NATURE OF INTEREST | VALUE OR NO. OF SHARES |
|----------------|--|--------------------|--------------------|---------------------------|
| | None | | | |
| | Former business interest in Sweet Bygones dba Noble House but company dissolved | | | |

☐ Check here if entry is None

☐ Check here if additional sheets are attached
ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer.

| F,SP, DC,JT | OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD | DATE OF TRANSFER |
|----------------|--|---------------------|
| | | |

☐ Check here if entry is None

☐ Check here if additional sheets are attached
ITEM 4: CREDITORS

List the name and address of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding (excluding debts arising out of retail transactions or the purchase of consumer goods).

| F,SP, DC,JT | NAME OF CREDITOR AND ADDRESS | ORIGINAL AMOUNT OWED | AMOUNT OUTSTANDING |
|----------------|------------------------------|-------------------------|-----------------------|
| JT | International Savings & Loan | \$275,000 | \$200,000 |
| JT | American Express | | \$ 6,000 |

☐ Check here if entry is None

☐ Check here if additional sheets are attached

ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation.

| F,SP, DC,JT | NAME AND ADDRESS OF BUSINESS | TITLE HELD | TERM OF OFFICE | ANNUAL COMPENSATION |
|----------------|------------------------------|------------|----------------|------------------------|
| | | | | |

☐ Check here if entry is None☐ Check here if additional sheets are attached**ITEM 6: INTERESTS IN REAL PROPERTY HELD IN THE STATE**

List interests in real property in the State, held during the disclosure period, if the interest has a value of \$10,000 or more.

| F,SP, DC,JT | STREET ADDRESS | TAX MAP KEY NUMBER | VALUE |
|----------------|--|--------------------|-----------|
| JT | 1309B Moanalualani Way Honolulu, HI 96819 | | \$300,000 |

☐ Check here if entry is None☐ Check here if additional sheets are attached**ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED**

List interests in real property in the State, acquired during the disclosure period, if the interest has a value of \$10,000 or more.

| F,SP, DC,JT | TAX MAP KEY NUMBER & STREET ADDRESS | AMOUNT & NATURE OF CONSIDERATION PAID | NAME OF PERSON RECEIVING THE CONSIDERATION |
|----------------|-------------------------------------|--|--|
| | | | |

☐ Check here if entry is None☐ Check here if additional sheets are attached

ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED

List interests in real property in the State, transferred during the disclosure period, if the interest has a value of \$10,000 or more.

| F,SP,DC,JT | TAX MAP KEY NUMBER & STREET ADDRESS | AMOUNT & NATURE OF CONSIDERATION RECEIVED | NAME OF PERSON FURNISHING THE CONSIDERATION |
|------------|-------------------------------------|---|---|
| | | | |

☐ Check here if entry is None

☐ Check here if additional sheets are attached
ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

| NAME OF CLIENT | NAME OF STATE AGENCY |
|----------------|--|
| | <div style="text-align: center;"> RECEIVED 03 JUL 15 PM 2:24 STATE OF HAWAII STATE ETHICS COMMISSION </div> |

☐ Check here if entry is None

☐ Check here if additional sheets are attached
ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

| F,SP,DC,JT | NAME AND ADDRESS OF BUSINESS | NATURE OF BUSINESS | NATURE OF INTEREST | VALUE |
|------------|------------------------------|--------------------|--------------------|-------|
| | | | | |

☐ Check here if entry is None

☐ Check here if additional sheets are attached

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

Mari P. Radwin
SIGNATURE

7/15/03
DATE